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ARTICLE I.

ON SOME OF THE CAUSES OF PUERPERAL CONVULSIONS.

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The growing interest of the profession in this subject, the research which has been made and is going on in the field of organic chemistry, in its relations to eclampsia, resulting in the exposition of facts so striking and important to us as practitioners, for study and reflection; not only excuse but seem to invite even the humblest efforts to fix our thoughts upon this terrible complication of childbirth, which brings dismay to all who witness it.

It may not be amiss, even in this short paper, to more particularly define my subject than is meant by the generic term eclampsia, and I quote for that purpose the following extracts:*

“Eclampsia puerperalis is an acute affection of the motor function of the nervous system, characterized by insensibility, tonic and clonic spasms, and occurs only as an accessory

* Uremic Convulsions of Pregnancy, etc., by Dr. Carl R. Braun, Prof., etc.: Translated by J. Matthews Duncan. Edinburgh, 1857.

phenomenon of another disease, generally Bright's disease, in an acute form, which, under certain circumstances, spreading its toxæmic effects on the nutrition of the brain and whole nervous system, produces those fearful accidents." The toxæmia in the convulsions of pregnancy, parturition and childbed, is commonly produced by uræmia, *i. e.*, by a change of the urea which has been retained in the blood, or by retention of excremential extractive matter of the urine.

The same disease with similar phenomena may manifest itself in women who are not pregnant, in children, and even in males under certain circumstances favorable to it; yet by true puerperal eclampsia, is now implied the symptoms during pregnancy or childbirth intimately connected with diabetes albuminosus.

"It is distinguished by quick repetition of the fits, and complete insensibility during the fit, as well as generally during the interval. The face and neck appear swollen and injected during a paroxysm; the eyelids are prominent, and open or closed; the eyeballs exhibit quick rolling motions in the most different directions, or are fixed in an upward stare; the vessels of the conjunctiva are mostly injected; the mouth is at first widely opened and distorted; the tongue is protruded; then trismus follows, in which, if proper care be not taken, the protruded tongue is often bitten through, and hence a bloody foam often flows out of the mouth."

"In the muscles of the face lively distorting convulsions are observed, whereupon the upper extremities get bent, the trunk is twisted to one side, and then all the extremities are thrown into jerking motions. Respiration often altogether ceases for many seconds; the carotids show strong pulsations; the veins of the face and neck swell on account of stoppage of the blood from muscular spasms; the color of the face cyanotic. All the muscles of respiration, especially the diaphragm, are in a state of contraction, and in consequence of this, asphyxia may occur. The urine and fæces are involuntarily excreted. Vomiting rarely precedes the first fit. The skin remains dry, or may be covered with perspiration, and its temperature is either increased or diminished; the reflex sensibility is suspended during the fit; the pulse is frequent or slow; the arteries large or small. After

this group of symptoms, there follows a soporose condition, in which the patient continues for a shorter or longer time, and lies motionless; the extremities stretched out and stiff; the respiration frequent and difficult, and at first stertorous, afterwards slower and snoring. Generally there is absence of consciousness and sensation.

"The duration of each fit, including the tonico-clonic part, and the soporose part, extends commonly to half an hour, or to one or two hours, and only in very rare cases does the sopor of the first fit last a whole day.

"If the paroxysm does not terminate in death, a remission takes place; the respiration becomes more slow and free and less rattling; the rigidity of the muscles diminishes; the frequency of the pulse becomes considerably less; consciousness either does not return at all or only very slightly, mostly remaining dim, so that a proper but short answer may be got to a question in a loud voice, but recollection of what has happened is altogether wanting; the abdomen is sensitive to touch, and the reflex sensibility is often intense during this lighter sopor. After awaking, patients generally complain of a confined, dull headache, and of great languor, which continue till a renewal of restlessness, stretching, extending, slow, tremulous bending of the upper extremities, jerking of the facial muscles, with reddening of the face, announce a new paroxysm. The fits may be repeated several times in a day, sometimes as much as seventy times. Generally, after a few fits, complete unconsciousness supervenes, and this continues till recovery or death." *

There is little chance of confounding this variety with the common hysterical form which is frequent in the early months of pregnancy, or those of epilepsy, catalepsy, or chorea. Cerebral or apoplectic eclampsia is described as generally originating in the rupture of some cerebral vessel, or in hyperæmia of the brain, which may, under some circumstances, closely resemble an eclamptic attack; but in the latter, the spasms continue and occur in the paralyzed parts; there are no intervals of consciousness; the profound coma precedes the convulsions instead of

* Braun—*op. cit.*

following them as in uræmic eclampsia; the breathing is slower and quieter; the pulse slow and hard; the symptoms of disease of the kidneys are absent, and are either followed by a paralysis of the opposite side of the body from that of the brain, which is the seat of disease, or by idiocy or death. Without doubt, cases of uræmic convulsions may terminate as apoplectic by fatal effusions upon the brain, as indicated by post-mortem appearances. This is easily understood when we reflect upon the great congestion which is present in cases where there is a predisposition, as regards habit, etc. And such cases would be difficult to define accurately.

Relations of Albuminuria to Puerperal Eclampsia.—Fifteen years ago, Dr. John C. W. Lever called the attention of the profession to the important fact, that in puerperal convulsions the urine is proved to be albuminous; since that time, by more careful analysis of cases and accumulated evidence, through the observations of Simpson, Dubois, Cazeaux, Blot, Frerichs and many others, the coincidence of the albuminous urine with eclampsia is now fully established and undisputed, and no well observed cases show this state of the urine to have been absent. In over fifty per cent of fatal cases of convulsions when autopsies have been made, undoubted Bright's disease has been found, which has led to a series of investigations by Frerichs, Braun, Litzmann and others, who strenuously maintain the *identity* of uræmic intoxication in acute Bright's disease and puerperal eclampsia; amongst the proofs of which are the following:

- 1st. The same precursory symptoms, of which oedema is the most frequent.
- 2d. The same renal lesions are found after death in eclampsia and Bright's disease.
- 3d. The identity of the convulsions, and the fact that males may be subject to them in *morbus Brightii*.
- 4th. The two diseases are always accompanied with albuminuria.
- 5th. Bright's disease, as well as eclampsia, sometimes exists without the presence of oedema.

* M. Lenoit—*Moniteur des Hôpitaux*, 1857.

In forty-one cases of albuminuric women, Blot met only seven cases of eclampsia; in the same way, Bright's disease is only accompanied by convulsive affections in some cases. Not only has fifty per cent of the autopsies revealed Bright's disease, but in negative observations the histology of the kidneys was microscopically examined only in rare instances. The remarkable agreement as to gravity and termination between eclampsia and Bright's disease is worthy of notice.

A recent writer, M. Goubeure, in a prize essay read before the Paris Academy of Medicine, asserts that there is a puerperal Bright's disease just as there is a puerperal peritonitis or puerperal pneumonia, and that the convulsion is a symptom of the disease, or that puerperal albuminuria is neither more nor less than Bright's disease, but is at issue with Frerichs and those who explain the cerebro-spinal complications so often met with in Bright's disease by the theory of uræmic intoxication, not having been able to confirm their observations of the presence of ammonia in the expired air.

On the contrary, a strong array of talent attempts to show that the degeneration of the kidneys which has been found in the examinations of those who have died of eclampsia, is the result of the convulsions merely, produced by hyperæmias or serous congestions, being purely accidental secondary phenomena, and it is urged:

1st. That persons dying of eclampsia have shown only in a majority of cases (not all) a condition of kidney justifying a diagnosis of Bright's disease.

2d. That eclampsia is sometimes developed by fear.

3d. That eclampsia has also in some women appeared in successive pregnancies, and that this fact cannot be reconciled to the theory of its being Bright's disease.

4th. That it is not proved that albuminous urine always precedes the outbreak of convulsions, but, on the contrary, in many cases this condition of urine is produced for the first time during the delivery or convulsions.*

The first objection is quite a sufficient one to the ground

* Scanzioni.

which assumes that the identity between Bright's kidney and eclampsia is complete, if (a fact, shown by a case which follows) any cases of eclampsia do occur when the Brightian degeneration of the kidneys is proved not to have been present, and we must look elsewhere for the solution of those cases. To the second objection scarce any importance should be attached, for there is not sufficient evidence by accurate knowledge that such were cases of *true* eclampsia falling under the definition heretofore given.

To the third objection, it is only good against the arguments of those who, like Goubevère, maintain the identity of *acute* Bright's disease and eclampsia. It is not a valid objection to the theory of uræmic intoxication as a cause; for why should not this condition be produced in chronic organic degeneration of the kidneys when disalbumenization is going on, aggravated by the condition of pregnancy and increased circulation? Lumpe has published a case in which eclampsia occurred in the first, second and fifth deliveries. Three hours after the last, death took place, and on a dissection being made, there was demonstrated beyond doubt, in the left kidney, the second stage, that of fatty degeneration; and in the right kidney, the third stage, that of atrophy of Brightian kidneys. In order to call attention to another condition of the kidney, which has been greatly underrated in importance and overlooked, I quote the following case, recorded by my tutor in obstetrics:*

"Case Sixth.—Emily Gray, an unmarried Irish woman, thirty years of age, was driven from her home in the seventh month of her pregnancy, and came to this country without friends or money.

"Nov. 21st, 1852, at 8 p.m.—Her labor commenced under the care of Mr. Peck, Mr. Walker and Dr. Mizener, at 1½ a.m. The os was fully dilated and the membranes ruptured, and at 2 a.m. she was in convulsions. Between the third and fourth convulsion, chloroform was exhibited by Dr. M., and I arrived at the house just at the termination of the fourth. No other

* Case of Albuminuria, in relation to Puerperal Convulsions. By Geo. T. Elliot, Jr., M.D., one of the Physicians to Bellevue Hospital.—*New York Medical Times*, July, 1853.

treatment had been resorted to. I found the pulse frequent, feeble and compressible; utter unconsciousness, with stertorous respiration; eyes partially open, and pupils somewhat dilated; no oedema of the feet or legs, or marked puffiness of the face; bladder somewhat distended, and when relieved by the catheter, nitric acid showed the urine to be loaded with albumen; parts well dilated; head presenting in the first position, and well down; pains moderate, and foetal heart inaudible. At the commencement of the fifth convulsion, chloroform was exhibited, and its use continued until I had extracted a dead child with the forceps, removed the afterbirth and applied the binder. The uterus remained well contracted, and she had no other convulsion; her pulse was feeble, but rallied, and she was ordered an injection of soft soap and salt; gr. xij. of calomel were given in butter, and Granville's lotion applied to the nape of the neck. Consciousness returned in about two hours.

"1 p. m.—Found her complaining of fixed pain in the top of her head, and some reaction commencing; bladder relieved by catheter; $\frac{3}{4}$ ij. of blood were taken by cups from the temples; cream of tartar as a drink, with $\frac{3}{4}$ ij. of sweet spirits of nitre during the day; feet and legs kept warm; absolute rest enjoined. In the evening she was restless, and the gentlemen gave her a full anodyne.

"Nov. 29th, 1 p. m.—Much improved; pain in head gone; pulse good; mind anxious and desponding; complains greatly of her tongue, which was severely bitten; decided pain on pressure over her kidneys. Ordered to gargle her mouth with a weak solution of chloride of soda; saline drinks to be continued; bowels to be moved with an injection; and cups to be applied over the lumbar region.

"Nov. 30th, 1 p. m.—I found her extended *on the floor*, apparently dead. I revived her, and lifted her into bed, when I learned that, desiring to have a motion, she had arisen three times, and that on succeeding she had fainted. I impressed on her, and on the kind old woman who had afforded her a shelter in her solitary little room, that such another imprudence would be probably fatal; and as the pulse was returning to its

usual state, I left, after requesting that the catheter might be passed, as the bladder had not been emptied since the night before. She objected to its use; and the gentlemen left, promising to return. When they did so, the nurse pronounced her asleep, and they found her dead. She had been again in the upright position, and had had some of her linen changed, just after which she had sunk on the bed, asleep as the old nurse thought. I would especially mention, that she had passed a very comfortable night, and had expressed herself as much better on the morning of her death. Not more than 3vj. of blood had been taken by the cups.

Autopsy.—Twenty hours after death, by my friend, Doctor C. E. Isaacs. Brain firm and healthy, but remarkably pale—even the choroid plexus being of a much lighter color than natural; all the other organs healthy, saving the kidneys, which were found to be enlarged and congested, *but not changed in structure*; the corpus luteum was beautifully marked; the urine which I drew off with the catheter before delivery was examined by Prof. Alonzo Clark, and found to contain blood corpuscles, *but no casts or fat globules*.

I may mention that although the feet and legs were not swelled when I was called to see her, she had complained of very great inconvenience from that cause up to within a short time of her confinement, affording an evidence of the fallacy of deducing the non-existence of albuminuria from the absence of this symptom.

“She had resorted to very tight lacing as a means of concealing her pregnancy, and I have (says the Doctor) in my possession the iron corset-bone which she used to assist her.”

In this case, recorded as one of true eclampsia by Dr. Elliot, it will be seen that there was no Bright's disease, so pronounced by the highest authority; but in the tight lacing which this patient resorted to in order to conceal her pregnancy we have, I think, a solution of the case. How abundantly does it prove that the pressure of the gravid uterus, assisted by the efforts of the patient by means of dress (more generally in refined life to improve the figure), prevents the proper circulation of the blood through the kidneys, by pressure upon the renal veins, or the

continued pressure upon the inferior vena cava, by which the renal capillaries are dilated through the increased hydrostatic pressure of the blood, consequently followed by congestion and an albuminous condition of the urine, produced by a paralysis of the bladder, a symptom which I attribute in this case to the effects of pressure.

A case is recorded by Picard,* of a male patient with stricture of the urethra, who died of albuminuria and *eclampsia*, and on dissection, *acute* Bright's disease was found, which had undoubtedly originated in congestion; indeed, cases are familiar to almost every surgeon, where stricture of the urethra, or paralysis, giving rise to retention, has produced convulsions and coma from the toxæmia, by decomposed urine and the resorption of ammonia; the presence of which is often strongly indicated by the odor of the urine and its iridescent appearance only.

Retention of urine from morbid irritability of the neck of the bladder by the gravid uterus, is not a very rare accident. Braun states a case of retroversion of the uterus, which ended fatally under eclamptic attacks, in consequence of Bright's degeneration of the kidneys and secondary ureæmia.†

In the latter months of pregnancy, the uterus exerts, under the same circumstances, the same pressure upon the fundus of the bladder, producing a paralysis which is oftentimes not relieved until long after delivery; retention of urine, *per se*, if neglected, it is well known, will produce a retroversion of the uterus, and whilst serious injury may befall the bladder, greater mischief is produced by the interference in the circulation and the congestion produced. Retention in these cases is seldom complete, and through the modesty of the patient, the physician is seldom applied to for relief until the disease assumes a graver aspect.

The sympathy between the bladder and kidneys is well understood, that a slight irritation of the neck of the bladder will produce a great change in the renal secretions, whilst the changed condition of the latter exert injurious effects upon the

* Picard—*Gazette de Strasbourg*, No. 7, 1855.

† Dr. Carl Braun—*Obs. Clinique*.

integrity of the former. For the urine to be excreted normally by the kidney its free expulsion must be secured, and when distention of the bladder happens, the pelvis and ureters become similarly affected, and they also employ active and injurious efforts to obtain the propulsion; hence the congestion and subsequent albuminuria.

Civiale states that he has met with cases of albuminuria and diabetes insipidus dependent upon neuralgia of the neck and consequent atony of the body of the bladder. In these cases, disease of the kidney proves the immediate cause of death, as indeed in the majority of the affections of the urinary apparatus. It is generally conceded that tumors so situated as to press upon the emulgent veins or ureters, have been productive of interruption of the eliminative action of the kidneys. Sir Benj. Brodie says that a tumor pressing upon *one* ureter will sometimes stop secretion of urine from *both* kidneys; terminating, sometimes, in death by coma, accompanied with convulsions. The following is the synopsis of a case which occurred under my own observation, as one of the House Physicians of Bellevue Hospital, in January, 1855, which will illustrate to a certain extent the truth of these accidents:

The patient, A. G., a robust, sanguineous primipara, was seized with pains at 4 p. m., February 18th. The pains of the second stage were very severe, and the first convulsion occurred with the birth of the head. She had complained of no cephalgia during labor, no nausea, nor perversions of vision or hearing; bowels had moved regularly, and twice moved previous to commencement of labor. The convulsions commenced with grating of the teeth, traction of head to left side, rolling of eyes, convulsive movements affecting the upper portion of the frame, and gradually invading the whole body, especially the left side. Face became livid and swollen; eyes rolled upwards, and sharp nictitation of lids, pupils alternately dilated and contracted; the mouth closed and distorted; lips livid and covered with a bloody foam; legs rigid and straight; arms drawn up. The first attack lasted about one minute, leaving her natural both in appearance and manner, but as the convulsions more frequently occurred, she became more profoundly comatose, recovering less

perfectly during the intervals. The progress of the labor was uninterrupted. Number of convulsions, eighteen; duration of labor, twenty-two hours. Child asphyxiated, but restored by artificial respiration. Patient died half an hour after delivery, comatose.

Autopsy.—Eight hours after death. Brain healthy but congested; lungs oedematous; heart natural. The uterus was large, weighed two and one quarter lbs. *avoirdupois*, extending above the umbilicus, and pushed to the right side; the right ureter and the pelvis of the right kidney were enormously distended by urine; the bladder was filled but not distended; no abnormal appearance of the left urinary apparatus; the kidneys were small, lobular and fatty, under the microscope. Sp. gr. of the urine 1020, highly albuminous; *fourchette* not fully lacerated. In this case, there was impediment to the circulation of the right kidney, whether produced by the distension of the pelvis of the kidney and its ureter, or the retardation of the venous circulation in it, by the pressure of the gravid uterus, we cannot say with any certainty; and I regret that my notes of the case are not exact enough to state the difference in the pathology of the kidneys, yet we are to regard it as the immediate cause of the attack of convulsions, whilst the organic change was a predisposing cause, and I think we are not to suppose that had the free discharge of urine occurred, and the circulation been unimpeded, such an accident would not have taken place. There were no premonitory symptoms in this case to indicate the approach of the attack, and it will be seen that it was one of *tedious* labor, the duration of which was twenty-two hours, and the unequal pressure may not have taken place until the onset of the labor, when the partial or entire stoppage of the eliminative process of the kidneys (already diseased) gave rise to the sudden uremia.

This may be considered as a type of those cases which sometimes occur without any oedema of the extremities, eyelids, etc., or head symptoms. The probability that convulsions may be induced thus suddenly by the congestion produced in a case of tedious labor, is heightened, when we consider that the elimination of urea from the blood by the kidneys is so rapid that

under ordinary circumstances it is never allowed to exceed one-fiftieth of one per cent. of the circulating blood. Dr. Shearman has recorded the case of a boy, aged eight years, who was run over by a truck which passed over his loins, evidently inflicting some severe internal injury. From the collapse which at first supervened, he recovered, under the influence of warmth and stimulants, but he passed no urine for thirty-six hours after the accident, and that which was then discharged contained blood. Dr. Shearman carefully examined this urine, but failed to detect the least particle of urea or urates in it. Sixty hours after the accident there was considerable access of fever, with increasing pain in the region of the kidneys, and these symptoms were succeeded by coma. The boy was bled from the arm; and on making a chemical examination of the blood, urea was most distinctly detected in it, and in considerable quantities; the urine, at the same time, not containing a particle of urea, urates or uric acid, and its sp. gr. being only 1005.* Although the presence of urea in excess in the circulation will produce coma and death, yet not to this cause only are we to attribute the uræmic fits. Urea injected into the veins of animals has been tolerated without any evil consequences.†

Frerichs has been led, by a series of experiments, to the following conclusions, which have been confirmed by Braun:

The phenomena of uræmic eclampsia are not produced by urea or other excretory matters of the urine alone, but from urea accumulated in the blood, and converted by some unknown process into carbonate of ammonia; and that to the presence of the latter in the circulation is the eclampsia owing.

In persons who have died of Bright's disease, the blood has been found to contain urea in quantities, without any consequences attributable to the fact during life; hence it is supposed from that fact that the peculiar ferment was wanting to convert the urea into carbonate of ammonia. The cause of this change is as yet not known.

TO BE CONTINUED.

* *Edinburgh Monthly Journal*, March, 1858.

† *Johnston on Disease of Kidneys*.

ARTICLE II.

CASE: STRANGULATED HERNIA—ENTERO-EPIPOCELE—ARTIFICIAL ANUS—FÆCAL FISTULA—CURE.

BY WILLIAM DICKINSON, M. D., BOSTON, MASS.

Mrs. G., forty-eight years of age, married, the mother of one child, of spare figure and short stature; general health good; bowels habitually costive; has had left inguinal hernia for eight years, descending and returning spontaneously, or readily reduced by assuming the recumbent position and slight manipulation; it had, however, never given her pain, or caused much inconvenience.

March 12th, 1858—Friday.—Ate her dinner as usual, consisting, on this day, of brown bread and butter with strong coffee. At 1 o'clock, one hour after eating, was suddenly seized with severe pain at the epigastrium, with some inclination to go to stool; sought relief at the water closet, and while there strained forcibly with the view of encouraging an operation; obtaining no relief, she returned to the house and to her bed. At 2 p.m., she took an ordinary dose of "salts and senna." This she vomited at 3 o'clock, but with no alleviation of the pain. At 4 o'clock I was called; found her still suffering from pain located vaguely in the region of the stomach. Considering it a case of indigestion, I ordered an emetic of ipecac., to be assisted by copious draughts of warm water. After its operation, though but little food was ejected, she expressed herself much relieved. Some degree of pain persisting, ordered 3j. to be taken each hour till relieved, of a mixture, consisting of:

B, Syr. tolutani, 3j. Morph. sulph. gr. iij.
Aq. menth. vir. 3v. Chloroform, 3ij.

Mix. Fomentations over the seat of pain were also ordered. I then left, desiring to be informed if farther attendance was requisite, but did not again see her till at the hour of operation.

13th—Saturday.—She accidentally discovered a small tumor in the right inguinal region. Dr. W., in whose family she had formerly been engaged as nurse, was called. She informed him of the existence of this tumor, which, upon being examined, he

pronounced to be a hernia. This he attempted to reduce. Most faithful and appropriate efforts by himself and son were made both with and without ether to reduce it till 11½ o'clock p. m. They then left, with directions that, should the emergency arise, I should be summoned; and the request was left at my house, that, should I determine upon an operation, they should be informed, desiring to be present.

14th—*Sunday*.—Dr. Gay was called at 11, and found a case of strangulated hernia. No expectation of relief being obtained except from an operation, this was determined upon, and the hour of 2 o'clock was assigned for this purpose. Dr. Gay, assisted by Dr. H. G. Clarke, performed the operation, other gentlemen being present. I then saw her for the first time since the 12th. An incision of about four inches having been made, and the subjacent tissues carefully dissected, the sac was reached, presenting, with its contents, a lobulated tumor. On opening it, two large masses of omentum in a highly congested state were brought to view, and at the base of this mass was a small knuckle of intestine, including about one-half its circumference firmly engaged in the ring. This portion still retained its peculiar shining appearance, but highly congested and presenting a color inclining to purple. The constriction at the ring around both was so tense, that not even the extremity of the little finger could be insinuated between the hernial masses and the ring. Dr. Gay therefore introduced the knife independently, and made the appropriate incision. After which, the intestine and omentum were in succession reduced; the former readily; but a considerable degree of force was requisite to return the omentum, in consequence of adhesions having been contracted between it and the peritoneum at the margin of the ring. The whole being returned, the outer wound was united by the interrupted suture and adhesive plaster, and over these were applied compresses wet with cold water and the usual bandage. Dr. Gay residing at a considerable distance, I was desired to take the subsequent charge of the patient, and ordered a solution of morphia, with directions that it should be taken if severe pain should occur. During the remainder of the day, ensuing night, and indeed the week following, she

experienced but little pain, and every aspect of the case appeared of the most favorable character. The external incision seemed disposed to unite by first intention, and did unite at each extremity, and throughout the interval between the upper extremity and the first suture.

On the third day, a slight degree of peritonitis and limited in extent supervened, the abdomen somewhat tympanitic, the pulse never exceeding 84, tongue clean, no headache or other unpleasant symptom. The peritonitis was treated by morphia; the bowels responded kindly to a cathartic of castor oil and lemon juice, assisted by an enema of mist. assafoetida administered on 17th, it being the fourth day after the operation. Morphia afterwards resumed to answer the indications before alluded to. Discharges of varying colors and consistence escaped from the wound, with but little pus at any time. This condition of things continued till the 22d, eight days after the operation.

23d.—With surprise and extreme regret I observed a small quantity of faecal matter engaged in the external wound, near the lower extremity.

24th.—A large slough, two and a half inches in length by half an inch broad, was discovered in the same situation; upon removing this, a copious discharge of liquid faeces with flatus followed.

25th.—Another slough of nearly the same size was removed from the same situation. Through the fistula, faecal matter and flatus continued to discharge with but little variation, either in quantity or consistence, till the 29th, fifteen days after the operation. The introduction of liquids or solids into the stomach stimulated peristaltic action, and consequently provoked increased discharge. At this time, 29th, without obvious cause, it ceased, and its cessation was followed by a considerable amount of vomiting. To secure an operation throughout the entire intestinal tract, castor oil with lemon juice, aided by enemata of mist. assafoetida, were administered. The enema was duly returned, followed by a full faecal discharge; the oil, though retained and exciting a considerable amount of peristaltic action, failed to restore the discharge through the fistula, or

to remove the intestinal occlusion. The abdomen became tympanitic, but percussion gave little or no pain; vomiting occurred several times during the day; pulse increased in frequency, but diminished in force; countenance depressed; tongue thickly coated.

31st—Wednesday.—Symptoms less imminent in the morning. Ordered ext. senna fl. in 3ss. doses, with enema of mist. assaf. 3iv. aq. oj. The senna was vomited and the enema returned with but traces of faecal matter. In the afternoon abdomen highly tympanitic; much pain in abdomen, and so intense in evening as to require large doses of morph., and even the inhalation of ether and chloroform during a portion of the night, to procure relief.

April 1st—Thursday.—Symptoms all aggravated in severity. Countenance anxious; tongue much coated; pulse quite strong, and abdomen more tumefied.

2d—Friday.—Appears brighter and converses with stronger voice. The only hope being in the reopening of the fistula, or in the removal of the occlusion, recourse was again had to copious enemata of soap and water, to the extent of six pints. Of this large amount but one and a half pints were returned.

3d—Saturday.—Tongue dry, dark colored and furrowed, yet but little sensation of thirst; abdomen more tympanitic; pulse 120, and compressible. Champagne, brandy, quinine and nutritious articles of food given. These were retained but in part, vomiting occurring occasionally, and the substance ejected slightly stercoraceous.

It is an interesting circumstance worthy of mention in this connection, that at this time her friends, having abandoned all expectation of her recovery, had ordered her grave clothes and coffin, and an undertaker engaged, and some preliminaries, even; were made for an autopsy; all awaiting only the contingency of her decease.

4th—Sunday.—Symptoms quite unchanged. Another attempt for a faecal operation was made by an indefinite quantity of inf. menth. vir. administered per anum, and soon after ext. senna by the mouth. The senna was ejected after the lapse of an hour, and one-third part of the injection was voided, but with no

satisfactory results. But little pain experienced; pulse 124, feeble and compressible. In the afternoon erysipelatous blush of lids of left eye observed.

5th—Monday.—Erysipelas of the lids now fully established, with tendency to spread down upon the cheek. As if to compensate for this unwelcome complication, discharge through the artificial anus was now happily restored, after a discontinuance of seven days. This continued during the day in considerable quantity, accompanied by the escape of much flatus. Vomiting and all other unfavorable symptoms now wanting. Took ice cream with much relish, and oyster water.

6th—Tuesday.—Tympanites almost entirely subsided; erysipelas circumscribed; pulse 132; tongue less dry and rugose. Ordered quinie sulph. gr. ij. 8 t. d., with wine; whisky punch; nourishing but unstimulating food. No discharge per anum.

7th.—Erysipelas revived and spreading upon the nose; pulse 120; tongue less dry.

At the time of the operation, March 14th, the hernia of the left side was down, but was afterwards readily reduced. It never having caused her inconvenience, its condition was overlooked. This became the seat of inflammation, and on the 16th had attained such a degree that efforts to reduce it were deemed unadvisable. It was treated as other local inflammations by fomentations, poultices, etc., day by day, without very obvious change in its condition. The tumor became circumscribed, and subsequently declared the presence of pus.

March 28th.—It was laid open, when it discharged freely of laudable pus. A mass of omentum was visible in the field of the incision; but no sloughs were at any time released. Pus in constantly diminishing quantity was discharged, till it ultimately healed as an ordinary abscess.

April 7th.—Erysipelas progressing upon right cheek; still expression of countenance cheerful; sleep of night continuous and refreshing; discharge from both groins continues, faeces from the one and pus from the other. Ordered enemata of strong beef tea, oj.; wine and quinia internally; and a lotion of ferri sulph. 3j., glycerin, 3j., aq. 3ij., by saturating small pieces of cotton cloth, applied to the affected surface.

April 9th.—Erysipelas extended to the forehead and there arrested; pulse 100; discharge as on 7th; tympanites wanting.

April 11th.—Symptoms assuming an unfavorable appearance; removed a small slough from left lower eyelid; tonic regimen energetically pursued.

April 12th.—Pulse rapid and compressible; countenance anxious; conversation laborious; skin of lids of left eye livid, as also the wounds in each groin; in fine, all symptoms decidedly unfavorable. Continue the same treatment as on 11th.

April 13th.—Symptoms less aggravated. A collection of pus in left upper eyelid opened, discharging about 5j.

April 14th.—No discharge from lid; tongue moist, and patient in every respect much improved. The sites of the hernia assuming a healthy aspect. The quinia, which had been hitherto continued, being disliked, was suspended for a few days, then resumed, and nutritious injections continued.

April 15th.—But little discharge from artificial anus; no faeces since 7th instant; and in addition to her customary food ate a fig, which, in a diagnostic point of view, proved of essential value.

April 16th.—Ordered a copious enema of soap suds. In due time this was returned, and there followed, as stated, a discharge of about "one quart" of solid faeces, accompanied by the escape of flatus. This dejection was not preserved for inspection. She was much prostrated by the operation, it being attended by considerable pain. Feeling a desire for farther evacuation on 17th, ordered another similar enema, which was followed by a very full faecal dejection, being cylindrical in form and of large diameter. This was carefully examined, but no slough was found, as of intestine, but found seeds of the fig eaten on 15th. Thus, to my great gratification and relief, was demonstrated the continuity of useful intestine throughout the entire tract. For eighteen days at least, the last being on March 29th, an obstruction had existed, effectually preventing the normal action of the intestines. From this date her recovery was rapid and uninterrupted. The wound of left groin speedily healed. Through the faecal fistula passed in small quantity, serum discolored by bile, and traces of pus and

flatus. On the 19th, fig seeds were found upon the compress placed over the fecal fistula. A fig was eaten on the 18th. This again furnished proof of the communication of the sinus with the intestine. Eggs, tomatoes, oranges, constituting a part of her "bill of fare," portions of these were found in her dejections; and three pearls of considerable size were also found, to tell the tale of indulgence in oysters. Morphia was suspended on 22d, though not without a murmur. In a dejection of 23d was found a slough, measuring one inch in length by three-eighths of an inch in width, and on 26th, another of same size and appearance. The latter was examined by the microscope, but found to differ but little from ordinary cellular tissue. In the absence of *satisfactory* reasons to which to attribute the occlusion and its subsequent release, speculation must supply those most plausible.

During the latter part of her confinement, she was visited by a troublesome bed-sore, which, under appropriate treatment, ultimately healed, and she is now, July 30th, perfectly well, happy in her unexpected restoration, and in the assurance of having obtained a radical cure of her recent hernia. That of the left side remains in the same condition as before its capricious manœuvres. For security she wears a double truss.

ARTICLE III.

CASES IN PRACTICE.

BY THOS. W. FRY, M. D., CRAWFORDSVILLE, IND.

CASE 1.—In the year 1842, I was called to see Miss S., and found her in violent universal convulsions. She was at that time about eighteen years of age, and had been subject to convulsions from her fourteenth year. When first attacked she was living in Lowell, Massachusetts, and had been attended by the physicians of that city and the city of Boston. Her first attacks were so violent, and left her in a state of such stupor, as to induce the belief in her attending physicians that the convulsions resulted from some disease of the brain, and were,

therefore, incurable. Her mind remained unimpaired, excepting the constant dread, which was a perpetual cause of depression. The reception of unexpected news, whether joyous or the reverse, any startling noise, a sudden flushing of the cheek, would invariably excite fears of an attack.

A careful examination of the case after the convulsion had passed off, and frequently during the intervals, forced the conviction upon me that the brain was not primarily affected, but merely responded to reflex action of other more diseased organs. To my surprise, I found that the menstrual functions were normal and regular, accompanied with no unpleasant or alarming symptoms. The bowels were very irregular in their action, generally bound, and the appetite variable. The spinal column was exceedingly tender and gave great pain on pressure, more especially through the regions of the heart, stomach and lungs. Spinal irritation I therefore regarded as the true seat of the disease, and the prime cause of the convulsions.

The impressions made upon her mind by her former physicians that the disease had its seat in the brain, and was, of consequence, incurable, produced a despondency from which it was difficult to arouse her. She looked forward to a life of physical suffering and mental imbecility, which threw a shade of darkness over her entire being.

The treatment of this case was as much mental as physical. By the strongest assurances that her brain was not primarily diseased, and that spinal irritation might be greatly benefited if not entirely relieved, I succeeded, in some degree, in dispelling the depression under which she had been so long laboring, and inspiring a faint hope of ultimate recovery.

Her bowels were regulated by the use of an occasional alterative, and a simple pill, composed of equal parts of rhubarb, aloes and castile soap. But the spinal irritation was more difficult to control. Cupping on either side of the spine, irritating ointment and plasters, hot soap suds and liniments were alternately used, which gave gradual but almost perfect relief. The intervals between the convulsions became longer until they entirely ceased. She has been married for some ten or twelve years, has had several severe attacks of illness, but no return

of convulsions. They became less frequent and less severe as the spinal irritation subsided.

The importance of this case consists not so much in the character of the treatment or the remedial agents employed, as in showing the necessity of a careful and correct diagnosis before pronouncing so certainly on the incurability of disease in the vital and more important organs.

CASE 2.—Mr. C. W., a very promising young man, having completed his collegiate course in Wabash College, and desiring to prepare himself for the ministry, left his home in the West in 1848, and entered upon his studies with much devotion and energy in Harvard University. He had not been many weeks in the school before the cold of winter set in with great severity. The keen, piercing winds proving too severe for his lungs, a hemorrhage occurred, which prostrated his strength and greatly excited the fears of himself and his friends. Several attacks came on in quick succession, followed by such extreme prostration as to render the farther prosecution of his studies absolutely impossible. Having a physician friend and relative near Boston, he repaired to his home to be treated conjointly by his friend and Dr. Jackson, of Boston. The enlarged experience of Prof. Jackson, his deservedly high reputation in detecting diseased lungs, by percussion and auscultation, gave importance and weight to his opinions. After a careful examination, the Doctor gave it as his opinion that the patient would, in all probability, die within three months and could not possibly live two years; that his lungs were diseased beyond the hope of being reached by remedial agents. This opinion, pronounced with such decision, by one who was regarded as almost infallible in such cases, rested like a mountain weight on the spirits of the young man, and after resting for a short time and gaining a little strength, came by gentle stages to his father's home, without hope and with no other prospect than that of an early death. It was with much difficulty that either he or his friends would consent to the use of any remedial agents, thinking that they would only tend to hasten the last dreaded event. But the remedies which his physicians had used were instrumental in arresting the hemorrhage, and he yielded to the argument that the remedy

which would arrest might prevent. I again and again examined the case with all the care and all the lights in my possession, and as often expressed the belief that his life might and doubtless would be spared; that a residence in the southern part of our country would, in all probability, exert such healing influence on his lungs as to enable him to reach the allotted age of man. The ordinary anodyne and astringent remedies were resorted to, in connection with a wholesome, moderately nutritious diet; and with but an occasional slight attack of hemorrhage, he passed the much dreaded period of three months, apparently in a much better condition than when he first reached home. Living beyond this time inspired him with a little stronger hope, that a southern residence and the use of similar remedies might carry him beyond the two years, through which it was thought impossible for him to live. He remained at his father's during the winter, spring, summer and part of the fall months, with an occasional hemorrhage, but with evident improvement in both body and spirits. When the cold weather of fall came on he left for the South, went directly to New Orleans, thence by the Gulf to Mobile and up the Alabama River, for the purpose of spending the winter with an old friend and physician, who resided in a village a little north of Mobile. Dr. —— examined his chest, corroborated my opinion, and gave even stronger encouragement than I had done; he was a man of long experience, great intelligence and superior skill, which served to excite still brighter hope in the patient's breast.

The attacks of hemorrhage occasionally came on even in that mild climate, and were followed with a degree of prostration which induced him to give up all hope of the ministry. He now turned his attention to the study of medicine, his health gradually improved, his strength increased, his attacks became less severe and less frequent; at the end of twelve months he was enabled to attend a partial course of lectures in New Orleans. The improvement continued until he completed a thorough course of medical instruction, received the honors of the New Orleans school, settled in that city, is rapidly rising not only in the estimation of the people but of his professional brethren, and bids fair for a long life of prosperity, usefulness and honor.

He has passed through several epidemics of yellow fever, has been brought to the verge of the grave by that terrible scourge, but still lives, an ornament and an honor to our profession. It should be stated that he made a very free use of cod liver oil, and became so fond of it as to use it on his salad in place of olive oil.

The history of this case is given for the purpose of showing the necessity of continuing our efforts for the relief of cases almost hopeless, and even when opinions against the possibility of recovery have been given by the most experienced and skilful. It was more difficult to combat the mental depression produced by Prof. Jackson's opinion than it was to meet and alleviate the symptoms of physical disease.

and in this case the physician had done well.
CASE 3.—In 1855 I was called to visit Mrs. B., who in early life had a fine, robust constitution, enjoyed almost perfect health, and her spirits were bright and buoyant. At the time, she had been married some ten years and had given birth to seven children, most of whom were still-born or died in early infancy. The physical suffering and mental anxiety through which she had passed had greatly impaired her constitution, destroyed her health and crushed her spirits. For some year or two previous to her removal to Crawfordsville she had been treated upon what is commonly called the heroic plan, which proved illly suited to her case. Bottle after bottle of strong, nauseating medicines were administered, which served only to diminish the strength, reduce the system and deprive the patient of all relish for food. While *enciente* with her last child, the physician pronounced her incapable of bearing it to the full period of gestation, and with the view of saving the mother's life, endeavored to produce abortion by rupturing the membranes. But instead of passing the instrument into the os uteri and then through the membranes, he plunged it into the walls of the uterus; hemorrhage, of course, followed, but the foetus remained untouched and unharmed, and grew on to its full period, was born in full health and vigor, and is now a boy near three years old and is particularly bright. After the delivery, the mother was treated in the same severe manner, and was reduced so low that she gave up all hope of recovery; believing herself the subject of an incurable disease,

fearing that she would soon become a burden to her family and friends, hopeless and despairing, she longed for death to release her from her present sufferings. The very thought of medicine had become disgusting to her, and the word "doctor" was repulsive to her every feeling.

Having removed from the city to her present home, she fondly hoped that she had left physic and physicians behind, and would spend the remainder of her brief life undisturbed by nauseating doses; but her kind friends, unwilling to see her suffer and sink without medical attention, at length prevailed on her to see and consult with me. After listening to her story, which was related with clearness, precision and an earnestness of feeling, which deeply enlisted my sympathies, I perceived that it was necessary to make a strong impression on her mind, in order that her prejudices and fears might be thrown aside, and especially if I hoped to accomplish any good in treating the case. Accordingly, I entered into a thorough interrogation in relation to the history, treatment and the present condition, and then gave the most positive assurance that there was no fatal malady preying on her system; that she needed no nauseating doses, no reducing medicines, but on the contrary, she required a plain, substantial, nourishing diet, some gentle and pleasant tonics; she needed to look out from under the cloud which had hung around her for so many weary months; her appetite should be tempted with some good ham or tender beefsteak, a partridge or squirrel nicely broiled, a well baked or roasted potatoe, some well baked light bread or light rolls with a little fresh butter, a soft boiled egg, and other articles of a similar kind. The transition from the apothecary's bottles and boxes and lotions to a well supplied dining table was sudden, and as pleasant as sudden, and as effectual as pleasant. In the course of three or four weeks, I gave her some three or four ounces of sweet spirits of nitre, partly as a diuretic and partly as a placebo. Her appetite, which had been very poor for more than a year, soon returned, her strength increased, her spirits became more buoyant; the health and charms, and hopes and joys of early life gathered once more around her, and she is now living, a happy wife.

and mother, with the prospect of another addition to the family.

Such cases and such mistakes on the part of physicians are of frequent occurrence.

The physical system, dragged down by frequent childbirth, should have been sustained and braced rather than still farther reduced by active depleting medicines; her spirits depressed by the loss of children, needed the cordial of a rational encouragement; and the effort to produce abortion was a most serious, and might have proved a fatal blunder. Had the physician succeeded in his efforts, her health would doubtless have suffered far more evil consequences than resulted from bearing the child to its full period.

Such facts should teach the utmost caution in pronouncing on the inability of women, however delicate, to live through gestation and give birth to a living child. In the vast majority of cases, the effects resulting from abortions are far more serious and destructive to health, than the regular growth and birth of a living child.

ARTICLE IV.

A CASE OF ANCHYLOYSIS OF BOTH ELBOW JOINTS, TREATED BY FORCED RUPTURE OF THE ADHESIONS.

BY J. W. FREER, M. D., PROF. OF ANATOMY IN RUSH MEDICAL COLLEGE.

CASE.—Patrick Flynn, aged forty-five years, residing in the Alms House; appearance, healthy and robust.

History.—On the 15th of December, 1857, fell from a second story window to the pavement, dislocating both elbow joints, and fracturing both of the internal condyles. The fact of the dislocations was established merely from the statement of the patient; that of the fractures was apparent at the time he came under my care, February 28d, 1858.

Present Appearances.—Both limbs in the straight position, and very nearly immovable; the left ulnar nerve paralyzed. The ankylosis being of that variety termed false, the patient

was unable to touch any portion of the head or face with his hands. His utensils for feeding or drinking were provided with handles corresponding to the length of his arms.

We can readily imagine the peculiar unpleasantness of such a condition, and the strong claims it presented to surgical science for relief. I therefore resolved to treat the case by the modern invention of rupturing the adhesions by direct force.

Operation.—The patient was put fully under the influence of chloroform, preparatory to the operation. Then selecting the right limb, and placing my knee over the bend of the elbow, and making use of the forearm as lever, the rupture was accomplished speedily and without difficulty, so that flexion and extension could be produced very nearly to the full extent.

Subsequent Treatment.—The limb was placed at right angles and supported in a sling, and evaporating lotions ordered.

Slight inflammatory action followed, which subsided in three or four days, when passive motion was made use of until the usefulness of the member was restored.

Feb. 29th.—The opposite arm was operated on, and treated in the same manner as the first, and with the same results.

On May 29th, when I last saw the patient, the usefulness of the limbs was restored to the extent of feeding himself with ordinary utensils, and of being able to perform various duties about the Alms House.

For the history of this method of treating ankylosis, I would refer the reader to an article of mine in the *N. W. Medical and Surgical Journal* in 1856.

ARTICLE V.

A CASE OF INVERSIO UTERI, OCCURRING WITHOUT THE USUAL SYMPTOMS.

BY A. FISHER, M. D., CHICAGO, ILL.

Mrs. S., aged twenty, bilious and nervous temperament, was taken in labor with her first child, on the morning of April 9, 1858. Her pains were regular, but, about 4 o'clock p. m., in

addition to her labor pains, she suddenly began to complain of severe pain in her right side, between the fourth and fifth ribs. Her labor, however, progressed naturally, and she was delivered about 7 o'clock in the evening, with no uncommon symptoms, excepting the pain in her side, which continued without intermission. The cord was rather short, and might possibly have pulled upon the placenta; if so, however, I was not aware of it. The placenta came away at the first pain without any assistance, and everything appeared to be natural, though I did not introduce my hand, as there was no apparent necessity for it.

There was some flooding at the time, but not enough to produce alarm or any signs of syncope. I placed my hand above the pubes, and could feel the uterine tumor; applied cloths, wet in cold water, to insure its permanent contraction and arrest the hemorrhage. The afterpains were about as usual; the pain in the side, however, above-mentioned, between the fourth and fifth ribs, was very severe, and continued so for three or four days, in spite of all our remedies; such as cloths wet with camphorated spirits, sinapisms, Granville's lotion, etc., applied externally, with morphine internally. The only thing she complained of, with the exception of afterpains for a few hours, was the pain in her side, which was so severe and continued so long, that I began to fear that there was some internal lesion, caused by exerting herself whilst in labor.

The third day her bowels were moved by an enema of castor oil and turpentine. The fourth day the pain in her side pretty much subsided, and she was quite comfortable. During this time she had no fever, pain in the back, or tenderness of the bowels; urination was free, and she took some nourishment. The pulse was rather more frequent than natural, and there was little or no secretion of milk, which was attributed to the loss of blood.

From the 13th of April, four days after delivery, she began to improve fast, and complained but little of anything. I visited her daily until the 19th, but gave her no medicine except tonics. There was no flooding, lochia natural, appetite good, bowels regular, and everything appearing right, I dis-

continued my visits, with a request that they should inform me if she did not do well.

On the 30th, I was called to see the patient's mother, who was sick, and I saw Mrs. S. She appeared to be doing well; said she had been up an hour at a time, and it did not injure her or produce pain in the back. I cautioned her to be careful, as I had been informed that she had had severe hemorrhage and prolapsus uteri for a long time after an abortion, which occurred a year or two previous to her confinement.

On the 7th of May, eighteen days after I had discontinued my visits, I was called to see her again. Her mother said she had been flowing for two or three days, and that she had been up and out to her meals, sung, played on the piano, etc. I attributed her flooding to over exercise before the uterus had recovered its tone. She had no pain in the back, or soreness of the bowels, and the hemorrhage seemed to be her only trouble; for which we applied cold lotions over the uterine region, gave astringents, and enjoined perfect rest. The hemorrhage still continuing, I ordered injection of acetate of lead, which would arrest it for a short time, and then it would return again. As the ordinary means for arresting uterine hemorrhage had been fairly tried, on the 18th of May I made a digital examination, and, to my utter astonishment, found the uterus completely inverted, the fundus resting on the perineum. When and how it took place I cannot imagine. It could not have been at the time the placenta came away, because I felt the uterine tumor above the pubes, and there was no symptom to indicate it at that or any other time, unless the hemorrhage might be regarded as such; but that was not more than is common in many cases where everything is natural.

The next day Professor N. S. Davis was called to consult with me. He questioned the patient and her mother for a long time, very particularly, with regard to her symptoms at the time of her confinement and afterwards, and could not believe that there was inversion, until he made a vaginal examination and found it to be a fact.

We consulted together and concluded that, as the inversion was complete, and the patient very nervous and excitable (so

much so that it was with great difficulty that her consent to undergo an examination was obtained), it would be safest and best to encourage her all we could, and not then try to return it; for if we undertook to do it, in the condition she then was, we should surely fail in our attempt, and it might endanger inflammation. We therefore advised astringent injections with nutritious diet, and encouraged her with the hope of a spontaneous replacement, as there were cases of the kind on record well authenticated; intending, all the time, to watch the case and reduce it when she should be in a proper condition.

I visited her daily, or every other day, until the 26th of May, carrying out the above plan, and in two or three weeks she rode a number of miles without inconvenience. She finally concluded to go East and try hydropathic treatment, and left here for that purpose on the 14th of July.

A day or two before she started I saw her husband, and showed him, in the July number of the *American Journal of the Medical Sciences*, reports of two cases of inverted uterus of long standing, said to have been successfully reduced, and urged him to try and persuade her to remain here and let me reduce the inversion in her case, as she was then in a good condition for the operation; telling him at the same time, that I believed it could be reduced, by careful management, without danger, and that no hydropathic treatment could reduce the inversion. But he replied that she had great confidence in cold water treatment, and had determined to try it, and that he would not undertake to dissuade her from doing so. Since she left, as above stated, I have had nothing to do with the case.

The above case is remarkable, from the fact that it clearly proves that the uterus may become inverted without any particular symptoms to warn us of its occurrence. It also shows us that it may take place so gradually that the constitutional symptoms, which usually supervene, may be altogether wanting; so that we would not suspect anything of the kind without a digital examination, which we would not propose, unless the symptoms were such as to make it necessary.

Inverted uterus is of such rare occurrence, that in an active practice of twenty-four years I never before saw but one case,

and the symptoms of that were so entirely different from the above, that I will briefly relate it.

The patient had no physician or midwife in attendance before I was called. When I first saw her she was lying on her back convulsing, bathed in a cold perspiration, pulse almost imperceptible; in short, I thought her dying. I immediately gave stimulus with tinc. opii; then, making an examination, I found the placenta, and inverted uterus, between her thighs. The uterine tumor was nearly as large as a child's head, and had passed completely through the vagina. I grasped the tumor with both hands, making steady but firm pressure for a few minutes, until the size was so reduced that I returned it into the vagina, then pressing steadily against the centre, finally replaced it. The uterus remained in its natural position, and convalescence was rapid.

What caused the inversion I could not ascertain. The friends said no one assisted her more than to take away the child, until after its occurrence.

ARTICLE VI.

THE USE OF PLATES, IN COMBINATION WITH GUTTA PERCHA, IN TREATMENT OF FRACTURES OF THE LOWER JAW.

BY W. W. ALLPORT, DENTIST.

EDITORS OF THE CHICAGO MEDICAL JOURNAL,—In the August number of your Journal, Dr. M. O. Heydock reported a case of fracture of the lower jaw, at its neck!

This was a case of peculiar interest, from the fact that it had been under treatment for two weeks, and it was found that no ordinary bandages or appliances would keep it from swaying to one side; of course a deformity would have been the result of such practice. At the expiration of this time, Dr. H. called on me, with the patient, and I constructed for her two plates, as described in said report, and proved to be just what was required for the successful treatment of the case.

On the 19th of September, Mr. A. G. received a blow upon

the right side of the lower jaw, which fractured it through the median line. The case was seen by Professor Freer, who applied the ordinary bandages, used in such cases, but found it would be impossible to secure a satisfactory result in this way, and at once placed the patient in my hands.

When the case came to me, I found the right side of the jaw depressed about eight lines below the left, and the muscles acting with so much force, that it was found difficult to bring the two sides into position, so that the lower teeth would articulate with the upper correctly, and when in position, difficult to keep them so.

With the aid of an assistant, the fracture was adjusted, and an impression taken in wax of the lower teeth, also one impression of the upper teeth, and from these, plates are swaged up, similar to those used in the case of Mrs. H. These being brought into proper position on the teeth, were removed and soldered together. Thin layers of gutta percha were then warmed in hot water, and placed inside of each plate and introduced into the mouth, as warm as the patient could bear;—the jaws were pressed firmly together, until the teeth articulated perfectly, *through the plates*, which had been filed away for the free egress of the ends of the teeth, and were held thus until the gutta percha had been thoroughly cooled by the application of cold water. This done, the patient could not open his mouth, and of course the jaw was held firmly in place, which rendered union perfect, and a natural articulation of the teeth. The plate was removed on the 18th day.

In the case reported by Dr. Heydock, it was supposed that the separation of the upper front teeth, so as to admit of a bar or wedge being passed between them, from the plate on the lower jaw, was of service; but from this case it would seem that the wedge can be dispensed with, for the gutta percha insinuates itself into all separations, and adapts itself to all the irregularities and inequalities of the teeth, in such a way, that the patient cannot move the lower jaw, and of course it is held firmly wherever it is placed, making this appliance equally serviceable whether the front teeth are separated or not.

The fact that the lower jaw hangs loose, and its muscular

attachments draw it in various directions, renders the treatment of the fracture of this one far from being the simplest in surgical practice. In fact, I think that any experienced surgeon will bear witness to the correctness of the statement, that there have been as few cases of perfectly satisfactory results, in the treatment of fracture of the lower jaw, as in almost any other class of broken bones. But if the upper jaw be made the foundation, to which the lower jaw can be immovably attached, by the application of plates constructed as above mentioned, the treatment of these fractures can be made comparatively simple, and much more satisfactory.

before it to wedge out from beneath it to sustain the bone—
process out in a peg, this strap out to reinforce out of this
or like a belt.

A NEW MODE OF DRESSING FRACTURED CLAVICLE.

BY J. W. FRED, M. D., PROF. OF ANATOMY IN RUSH MEDICAL COLLEGE,
SURGEON TO THE MERCY HOSPITAL, ETC., ETC., ETC.

Among the many and varied appliances used in surgery in the dressing of fractured bones, few have presented to the surgeon greater difficulties in their application, so as to meet the several indications present, or have more frequently been the occasion of provoking annoyance both to himself and patient, than the ordinary dressings for fractured clavicle. Indeed, so invariably has this been felt, that many have been the plans and modes suggested, each intended to obviate the objections which were justly chargeable to all the others. It is to this inefficiency and trouble so generally experienced in the application and subsequent keeping in place of the ordinary dressings (for fractured clavicle), that I must refer you for my apology for presenting a new one. Of these evils every one must be duly sensible who has had aught to do in the care and treatment of such cases, and must have experienced, with regret, not a few imperfect cures—leaving behind them, in very many instances, *deformities*, which, to say the least, are unsightly in appearance, and with most patients, not unfrequent causes of complaint.

With the view, therefore, of removing the many objections and results, to which the ordinary dressings are liable, I here-with submit to the Society the following method of treatment, which in my own practice has answered every expectation, being *simple, reliable and effectual*.

The different indications to be met in the treatment of fractured clavicle are, as you are well aware,

1st, To bring the shoulder *upward, outward and backward*.

And 2d, To *retain it there*.

These several indications are fulfilled by the use of *adhesive straps*, applied in the following manner—to wit:

1st, A strip of adhesive plaster, of two and a-half or three inches in width, and of sufficient length to extend from the

under surface of the forearm, near the elbow of the affected side—to the shoulder of the opposite side (see *a* in the accompanying diagram),—the strap being applied about its *middle* to the forearm, and passing each *end*, one in *front* and the other *behind*, and crossing them upon the shoulder; the ends being permitted to extend downward, and lapping, one upon the *breast* and the other upon the *back*—drawing it sufficiently tight to bring the elbow firmly to the *side* and elevate the shoulder—a *pad* (*d*) having previously been placed in the *axilla*, for the purpose of carrying the shoulder outward.

2d, A *strap* of like width, passed around the arm of the affected side, at the *axilla*, (see *b*) and carried *across* the back and *under* the arm of the opposite side and lapping upon the *breast*, drawn sufficiently tight to bring the shoulder *backward* to the required extent.

3d, The hand may be supported by placing it in a silk handkerchief attached to a loop of adhesive plaster passing over the *sound* shoulder.



If from any cause it be desirable at any time to make compression over the fractured ends of the bone, it may be readily done by passing a strap of adhesive plaster from the forearm of the affected side *over* the affected shoulder. (See *c*.)

The following cases were treated after the manner described:

CASE 1.—J. Hubbard. Clavicle fractured at the *outer* third. Considerable depression of the shoulder. Dressing by adhesive straps, and removal at the end of twenty-one days. No interference was required during the process of cure.

CASE 2.—J. S., aged about fifty. Comminuted fracture at the middle, occasioned by direct violence. Three days had elapsed since the injury, when he came under my care. This case was treated like the preceding one, with the addition of a strap of adhesive plaster extending over the fragments (see *c*), in order to produce slight compression. The patient lived some distance in the country, and consequently I did not see him again until six weeks had elapsed. He had removed the dressings on his own responsibility at the end of twenty-five days. The patient informed me that the dressings had not been interfered with or disturbed up to the time of their removal.

The cure was perfect, as far as the symmetry of the shoulder was concerned; but as usually follows in comminuted fractures, a *callus* was remaining, though of moderate dimensions.

CASE 3.—James M., aged —, suffered a fracture of the clavicle near the *outer* third. Treatment in the same manner.

The patient was informed that he need not present himself again until the end of twenty days, at which time I removed the dressings.

Cure perfect.

ARTICLE VIII.

REPORT OF THE COMMITTEE ON PRACTICAL MEDICINE.

BY F. K. BAILEY, M. D., CHAIRMAN.

The constitution of the Illinois State Medical Society declares that the Committee on Practical Medicine "Shall prepare an annual report on the more important improvements effected in this State in the management of individual diseases; and on the progress of epidemics; referring, as occasion requires, to medical topography, and to the character of prevail-

ing diseases in special localities during the term of their service."

Soon after the meeting in June last, circulars were sent to all the medical men in the State, whose post-office address could be ascertained, and the same circular was published in the *N. W. Medical and Surgical Journal*. The presumption is, that a majority of the practitioners in the State who might be expected to respond, are aware of the existence of a Committee on Practical Medicine. Some, as will be perceived, have favored us with communications, but comparatively few have have seen fit to respond.

For such as have been furnished, the Committee would express their gratitude, not only on their own account, but also of the profession generally. Besides such extracts thus furnished, we shall embody some extracts from medical journals, and remarks made by your chairman.

The duty of strict observation on the part of the practitioner of medicine, is of undeniable importance. A close scrutiny at the bed-side of the sick is indispensable, both to the success and satisfaction of the physician, and the ultimate welfare of the patient.

Medical practice is in the hands of thousands of men scattered through our cities and country towns, who, in the discharge of their daily duties, are conversant with the different forms of diseased action.

The course of treatment adopted in the case of those who recover, is seldom made public; nor is the world any wiser, as to the reason why in fatal cases, the result was not otherwise.

Like the camel in the desert, who is constantly making footprints in his sandy path, only to be obliterated by the next breeze, so, with the majority of practitioners, they from day to day are travelling in a track which is never afterwards seen.

With our neighbors across the way in the legal profession, it is otherwise. Their acts and decisions, although of much less importance as far as the good of the human race is concerned, are carefully noted, and preserved for future reference and precedent.

With our profession, we are pained to say, much is lost,

which, if made a matter of record, might in similar cases be safely appropriated; and even the errors that are daily committed, if noted, might serve as warnings to others, like the lone rock in the ocean path, which, although the occasion of now and then a shipwreck, serves as its own signal of danger to those who are on the look-out. Much that is written upon medical subjects, is from the pens of men residing in the large cities. Cases occurring in hospitals and similar institutions are carefully noted, and also those occurring in private practice. A great variety of cases is met with in country practice, and equally interesting to the profession. *and this to known in* But the practitioner, from a feeling of timidity, may hesitate to give the symptoms and treatment of an interesting and important case, although fully competent to do so. He may have found "a more excellent way" of treating a disease, which, if made public, would be gladly followed by others. This modesty, if indeed it deserves so mild a name, is not commendable, for an idea may be suggested to the profession by some one practising in a rural district upon our vast prairies, which, if made known, might be hailed with great interest by all practising the healing art. A fact brought to light in treating the child of some family residing in our own State, may be the occasion of bringing joy to the hearts of some royal family in the Old World. A truth is the same whether brought out by one practising in our midst, or at the head of some European hospital, or popular medical school. A paroxysm of intermittent may be the same, whether occurring on the banks of the Illinois or Seine. The phenomena seen and felt in a severe form of neuralgia may not differ, whether met with in some Western village, or in London.

There are doubtless many men in our own State, who, if called upon to prescribe for a patient in the city of Paris, might even astonish the wise men of France, by their display of good sense.

These thoughts are thus expressed with the hope of stimulating our brethren to the importance, not only of observing closely, but of communicating to others, the result of their observations.

We heartily refer our friends to some very excellent remarks upon the topic last spoken of, by one of the editors of the *Chicago Medical Journal*, in the April number. It must be admitted that the profession of our State are becoming awake to this important subject, and we find that medical societies, both county and district, are being organized, the members of which are contributing something to our medical literature.

In reply to the interrogatories in our circular, Dr. F. R. Payne, of Marshall, writes:

"During the last summer and fall, we had more than the usual amount of rain, but it fell in gentle and often-repeated showers, not sufficient to thoroughly saturate the ground and fill up the ponds; the consequence was, that we had but few malarious diseases. In the latter part of the fall, and during the winter months, typhoid fever was a common disease. Not typhoid grades of remittent fever, and pneumonia, but typhoid fever in all its purity. I have treated fevers in this locality for sixteen years, and feel thoroughly satisfied that my diagnosis is correct. That this fever is to a certain extent superseding endemic fevers, I have no doubt; and I also firmly believe that out of the river and other low bottoms, and marshy lands, it will, in a few years, entirely take the place of remittent fever.

"I will not enumerate all of the symptoms of this disease, but present those that occur early, and constitute my principal means of forming a correct diagnosis. When the typhoid element (whatever it may be) begins to exert its morbid effects upon the system, the patient complains of general debility, has no inclination to active mental or physical exertion. When he rests upon his bed for a few hours, he begins to doubt the existence of disease; but an attempt to move about, will again arouse his fears. The skin is dry, particularly in the palms of the hands and the soles of the feet; pulse soft, and slightly accelerated. When the head is raised, and the arm rests upon the elbow, we discover a tremulous motion; tongue coated, and dryness about the lips; a gurgling sound usually in the right iliac fossa: this symptom occurs early in the disease in about two-thirds of the cases. In from four to ten

days, these symptoms increase in severity; pulse from 85 to 120; secretions, except from the ilium, diminished; the white coat upon the tongue turns dark and dry; the edges are red; intellect dull and confused; by close examination we frequently find streaks of bloody mucus in the stools, and nearly always if active cathartics have been administered. The pulse remains nearly the same, seldom varying two beats in the twenty-four hours. These symptoms are followed by the more alarming characteristic symptoms of typhoid, as laid down in the books, and if not properly treated, usually terminate in death in from sixteen to forty days.

"As to the cause of this affection, we will not venture an opinion. It is very clear, that let the cause be what it may, the nervous system is made to suffer in a powerful manner from its effects. It cannot be a specific poison, but we are inclined to the belief that the cause may be either general or local.

"Within the last year we have adopted a course of treatment of our own, in some very important respects, with the most satisfactory results: but few cases have died, in fact none where the treatment was fully carried out from the inception of the disease.

"We commence the treatment with a moderate dose of blue mass, and if there is much diarrhea, we combine opium with it. If this does not operate in six or eight hours, give oil and turpentine. Sponge the surface with warm alkaline water. After the operation of the cathartic, we give ipecac. from 3 to 6 grs., opium from 1 to 3 grs., every three hours. If the pulse is over 100 per minute, alternate the powders with from 5 to 7 drops tr. veratrum viride; but if the pulse is under 100, and the tongue dry, we substitute the turpentine emulsion for the veratrum viride. By this means we, if possible, prevent an operation on the bowels for from three to six days.

"During this time, we proscribe all solid articles of diet; boiled milk thickened with flour is a favorable article of diet. If the bowels become somewhat disturbed, with no action in them to six days, we give oil and turpentine, and omit the powders, but resume them immediately after the oil operates.

"To promote the secretion from the kidneys, infusion of avena

ure is the best preparation. If profuse hemorrhage comes on, we add to our powders acet. plumbi. Strong tinct. valerian is the best remedy for *subultus*. Quinine in this continued form of fever is positively injurious; it increases the *subultus* and delirium, and in no case do we believe will it interrupt the fever. We remove from the room all causes of excitement, and prohibit visitors from entering the sick chamber. If the symptoms are not urgent, we give no medicine from 10 o'clock p.m. to 5 a.m., and direct the nurse to lie down near the patient with all the lights extinguished. These directions we believe are of great importance.

"It may be well to remark that Marshall is situated on the dividing ridge between Big and Mill Creeks, about two miles distant from either stream. The land is rolling, and usually dry and compact. The soil is dusky white, and deficient in humus, consequently does not contain an atmosphere of carbonic acid, a fact which it might be well to note, in looking for the proximate cause of typhoid fever.

"This winter we have had quite a number of cases of pneumonia, but the disease has readily yielded under our treatment; and as it is the first winter we have used the *veratrum viride* in this affection, we will briefly state our manner of using it, and record our experience thus far, in favor of the remedy. We, in an ordinary case of pneumonia, at our first visit, make the following prescription:

Hyd. sub. mur. 6v. grs. xx.
Pulv. Doveri, 6v. grs. x.

M. F. pulv. ij., to be given three hours apart.

"In an hour and a half after the first powder is taken, give five or six drops veratrum, and continue every three hours. In six hours after the last powder is given, if there is no operation from the bowels, give castor oil.

"When this operates, alternate the veratrum with pulv. Doveri 3 or 4 grains, and opium one grain, with a large cataplasm over the chest.

"Under this treatment usually (not in every case) in twenty-four or thirty-six hours, the pulse is brought to the normal standard; the patient is bathed in a profuse perspiration, and

the disease terminates speedily in resolution. When there is a typhoid element at work in the system, the pulse will come down, and the violence of the disease is greatly mitigated, but convalescence is not established until from nine to sixteen days. Suffice it to say, that we have not lost a case, with or without complication, since the adoption of this plan of treatment, and we have had twenty cases, when the diagnosis was positive. In ordinary cases, when called early in the disease, we seldom find it necessary to repeat the sub-nuriae. In case the bowels are not sufficiently lax, we use every twenty-four hours some mild cathartic.

"The above plan meets the indications in the treatment of this disease better than any we have hitherto adopted. Some cases may require more than six drops of veratrum, but we have never found it necessary to give over eight drops. We have not used calomel with as much liberality as we did a few years ago, from the fact that patients seem more susceptible to its constitutional effects; and farther, we do not belong to that class of physicians who believe that two diseases cannot exist in the system at the same time."

Dr. D. W. Stormont, of Grand View, Edgar County, and one of the Committee on Practical Medicine, writes respecting the topography of his district:

"This is a pleasant village, of about five hundred inhabitants, situated in the southwestern part of Edgar County, and in the southern edge of a portion of the Grand Prairie, which here has a general direction of N.E. and S.W.

"The prairie adjacent to the timber is in a high state of cultivation; and the surface is gently undulating, with originally but few sloughs or ponds, and these are now well drained. Farther out, say from three to ten miles, the surface, though not flat, is generally more level; consequently more ponds and sloughs are found; and the improvements being of more recent date, and the cultivation more imperfect, the water collects in the spring, and in many places stands throughout the summer. The soil is a black loam, which varies in depth from eighteen inches to several feet.

"To the S. S.E. and S.W. lie have a heavy body of timber,

consisting principally of oak, hickory, maple, walnut and poplar. "The surface, compared with the prairie, is broken, even hilly in many places. There are numerous small streams or creeks, which rise in or near the prairie, and running a south-easterly direction, empty into the Wabash, at distances varying from twenty-five to seventy-five miles. The soil is thinner than on the prairie, but productive. The bluffs bordering on the creek bottoms, present limestone in considerable quantities; occasionally an inferior quality of coal is found. Several springs throughout the timber are strongly chalybeate. "This community is almost exclusively an agricultural one; grain and stock raising the principal business. For intelligence, industry, morality, and consequently thrift, we think it will compare favorably with any other in the State.

"From this imperfect sketch of the topography of this locality, you will see we are rather favorably situated for observing and comparing the different forms of disease, as they occur in highly malarious, or in the more salubrious districts; and for noting the different phases the same disease may assume in these respective localities."

Dr. S. has above given a description of the varieties of the surface, viz.: that lying in, and adjacent to, the timber belts, which so gracefully diversify the face of our beautiful State, and that of the prairie at a distance from the groves, it is at present, and is becoming more so every year, an interesting inquiry, as to which is the most healthy part of the country, the groves or the prairie. It is well known that the first settlers of this State selected a residence either in or near a grove of timber, on account of having fencing and fuel at hand, and also because water could be found more conveniently. Recently, however, many are settling upon the broad prairie miles from a tree or stream.

The comparative healthiness of the different localities might be easily ascertained; and perhaps facts showing that diseases prevail in each, differing not only in type, but also in kind, might be presented.

Dr. S. further states that "The winter of '56 and '57 was

long and cold. The spring following was cold, wet and backward. The summer and fall were also cool, with frequent showers of rain. November was cold, with considerable snow. December '57 and January '58 were mild and pleasant, with but little rain or snow. February '58 was cold, with abundance of snow. March was warm and dry, and the healthfulness of this region has been much above the average."

Periodical Fevers.—“These are our common endemics of the summer and fall months, occurring most frequently, as would be expected, on the prairie. Last season there were fewer cases, but they were generally more obstinate than usual. The intermittents presented a large proportion of congestive or malignant cases, or of cases threatening that form, requiring a prompt and heroic treatment; but differing in no wise from that usually adopted under such circumstances, unless it was a longer continuance in the use of quinine.

“The remittents were obstinate, frequently assuming a low grade, with indistinct remissions, torpid liver, and indeed a locking up of the liver generally;—sometimes accompanied with prominent typhoid symptoms, as cephalgia, slight delirium, subsultus, parched tongue, and perhaps meteorism, but seldom diarrhea. This condition of things did not obtain in all cases, but in those only which were not seen in the commencement, or were not then treated with *promptness* and *energy*.

“Under the use of alterative doses of calomel, with diaphoretics,—Dover’s powders or spirits nit. dulc.,—and quinine in full doses, the symptoms would gradually yield, and in ten or fifteen days convalescence would be fully established. Of course other means, such as cold or tepid sponging, were employed in every case, cupping or blistering when indicated, etc.; but small doses of calomel, not carried to ptyalism, however, with quinine and Dover powders, each grs. iv. or. v. every three or four hours, with spirits of nitre, occasionally, was the general treatment.

“This form of intermittent is not encountered every year, and is generally confined to the prairie. It is popularly called typhoid fever; but is not regarded by the profession,

so far as I can learn, as the 'Typhoid' of Louis, or 'Enteric' of Wood; though in its latter stages it is difficult to distinguish from it. In these cases the commencement of the attack is more abrupt, the biliary derangement, and the periodicity more apparent, while the cephalic, nervous and abdominal symptoms are less apparent, and the disease is altogether less protracted, and more under the control of remedies, than in the genuine or specific typhoid.

"Typhoid or enteric fever prevailed to some extent during the fall and early part of the winter. Of late years, it is often encountered in the timbered region, generally in the winter months, presenting the aggregate symptoms detailed by Bartlett and Wood. But I am not confident that I have seen it in its specific form originate on the prairie until last fall.

"There was one peculiarity observed in these cases on the prairie, which I have not found in those occurring in the less malarious districts in the timber, that was a periodical element often quite marked. It was generally quotidian in type, but sometimes more apparent on alternate days, and sometimes so prominent as to obscure the diagnosis, rendering it doubtful whether it was the true enteric, with a malarious disease super-added, or the low grade of remittent mentioned above.

"Here the effect of remedies was a valuable diagnostic. If it was a simple remittent, the quinine treatment before alluded to would soon ameliorate all the symptoms, the pulse becoming more full, softer and slower, the secretions gradually established, and convalescence soon apparent. On the other hand, if the case should be one of mixed disease, these doses of quinine will break up its periodical element, and leave the enteric fever to run its course without this dangerous complication, but uncontrolled by this remedy. Ordinarily, after the malarious disease is arrested, those anti-periodic doses are ill borne, producing irritability of pulse, and aggravating the cephalic, nervous and gastric symptoms.

"A residence in a malarious district creates a tolerance, even a demand for quinine, in very many cases of every class of disease, at all seasons of the year. And a proper appreciation

of this fact is of vital importance to successful practice in such regions."

Dr. S. has intimated above that the timbered regions are less malarious than the prairie. Allow us to remark that facts coming under our notice go to show that the prairie is the most free from our usual malarious diseases. We find in the "timber" not only a much greater amount of vegetable matter, such as leaves, rank weeds and branches of trees, but also a stream of water, the banks of which are at times overflowed, leaving a quantity of water to become stagnant. The wind being less strong in the timbered regions, it follows that the heat of the sun will be greater, and consequently decomposition of vegetable matter more rapid.

On the open prairie there is a constant breeze more or less strong, which, as a matter of course, must tend to dissipate miasm. It is a fact, too, according to our observation, that families who once lived in the groves, have, on removing to the more airy position upon the prairie, suffered much less from sickness. This is also the opinion of intelligent physicians with whom we have conversed, and who have had good opportunities for observation. "The peculiar eruptions—rose-colored spots—was observed in about one-third of my cases, though they were not searched for carefully.

"On the treatment I have but little to say. In my experience the expectant method has in general been the most satisfactory. But I almost uniformly administer one or two grains of quinine with one-fourth grain each of opium and ipecac., three times a day, commencing early in the attack. It is generally well tolerated, and gives tone to the digestive organs. I have no cause for gratulation in the use of alcoholic stimulants. Blisters I have not found as troublesome as the authorities would make us believe. But I am careful to have them taken off as soon as vesication has commenced, and the process completed by means of a poultice. I have seen signal advantage follow their use, both as revulsives and stimulants. Mercury I administer to some extent in every case, generally in form of blue pill, but never designedly to ptyalism.

"Pneumonia is common in the winter and spring, and occasional cases are encountered at all seasons of the year. In the open sthenic variety, we find the usual symptoms of chill, succeeded by headache, high fever; full, frequent pulse; hurried respiration; pain in the breast or side of varying intensity; cough more or less severe; the expectoration viscid, and perhaps bloody or rusty colored; crepitation, followed by bronchial respiration and dullness on percussion. In these cases, as a rule, I do not employ general bloodletting; but after the operation of a mercurial cathartic, the patient is put upon pulv. opii, 1 to ij. grs., tart. ant. and potass, $\frac{1}{2}$ gr., to be given every two or three hours until rest is obtained, when the interval may be prolonged to four or five hours. The rule in administering the opium is to vary its amount and frequency by the severity of the pain or local disease; and after that has been relieved, to continue it at such intervals as may be necessary to keep up an opiate influence. The local abstraction of blood by cups, and the application of poultices to the chest, are often attended with marked benefit. After the intensity of the symptoms has been somewhat moderated, a large blister may be applied over the diseased lung; but this is not always required when the opiate treatment has been commenced early. A few grains of calomel, from six to eight, are administered every day or every other day, with an opium powder at bedtime, and, of course, purgations when demanded. Under this general treatment, uncomplicated sthenic pneumonia, as encountered here, is rarely if ever a fatal disease.

"Typhoid or asthenic pneumonia never prevailed to any extent in this immediate vicinity until the spring of 1856, although it may, perhaps, have existed previously in adjacent neighborhoods.

"During the summer and fall of 1855, nearly every person in all this region of country was attacked with intermittent or remittent fever. The following winter was uniformly very cold until about the 1st of March, when warm weather set in rather abruptly.

"At this time typhoid pneumonia began to appear, and cases continued to occur for several weeks; many died. It was most

frequently found on the prairie, where occurred the worst cases. During the summer and fall of 1856 there was again considerable malarious disease. The winter following was also very cold; and in the spring of 1857 we again had typhoid pneumonia, but not so extensively nor so fatally as in the previous spring. The past year was comparatively free from periodical fevers; the winter just closed was mild and open, and I have not heard of more than three cases of typhoid pneumonia in the neighborhood.

"The symptoms of this were somewhat different from those of the former variety of pneumonia. It usually occurred in those whose general health had been impaired, or constitutions were debilitated by previous disease. In every case so far as my observation extended, there was enlarged spleen readily detected by palpation or percussion.

"Compared with the sthenic variety, the attack was more insidious, the patient complaining for two or three days of general malaise and anorexia; the chill was of longer duration, and the reaction more imperfect, the face and trunk often being hot, even imparting a pungency to the touch, while the extremities were rather cool. Severe headache, frequently attended with a dullness, or with slight delirium, from the onset; restlessness; pain in the back, with general muscular soreness and debility; the pain in the side dull, and sometimes wanting; tongue red on the tip and edges, otherwise coated with a whitish or yellowish fur, which soon assumed a dark color, dry and cracked; sordes would collect on the teeth and gums; in many cases there was slight hemorrhage from the nose; pulse weak and frequent; respiration hurried and irregular; frequent sighing; cough short and generally loose; expectoration less viscid, sometimes dark, frequently thin and watery or bloody, often almost pure blood; crepitus indistinct and soon supplanted by mucous rale, and dullness on percussion. Commonly the right lung was the principal seat of the disease; but in every instance, I believe, both were involved.

"Treatment.—Generally the patient was put from the first upon the following:

"Divide into four powders, and give one every three hours. Sometime even this amount of opium could not be borne, but when there was much pain, and little or no stupor, it could be increased to advantage. If there was much debility, camphor was added. When the tongue began to clean and moisten, or there was danger of ptyalism, the mercurial was withdrawn; but the quinia was continued till the last. If the bowels were not freely open daily, purgatives were administered; generally castor oil and spts. turpentine. It is important not to suffer the patient to lie too long in one position, which he will do if undisturbed. He should be frequently turned from the back to the side, etc., and supported in different positions by pillows. Dry cupping, sinapisms or hot poultices to the chest, and hot pediluvise or mustard to the extremities, were sometimes used with benefit. But large and repeated blistering, generally from the commencement, was employed with most signal advantage. A blister, 8 by 10 inches, or larger, was applied over the seat of the disease, and suffered to draw well. After the excitement thus induced had somewhat subsided, if the amendment was not marked, it was applied to the other side. A strong irritation and depletion were kept up by these means (by reapplying the blisters if necessary), until convalescence was established. In the meantime, if the circulation should be flagging, or reaction imperfect, blisters were applied to the ankles and wrists also. This looks like a skinning process; but in my experience, it was second to no other means employed towards a favorable issue.

"Strangury was apt to result from this repeated and excessive blistering, but it was a sure indication of returning health; every case recovering after this effect was produced; the amendment dating from that period.

"I have no data from which to give the ratio of mortality; but under the treatment here detailed, commenced early, and perseveringly used, it was small. The great mortality mentioned,

BOOK AND PAMPHLET NOTICES.

A MANUAL OF THE PRACTICE OF MEDICINE. By T. H. TANNER, M.D., F.L.S., Author of a Manual of Clinical Medicine and Physical Diagnosis, etc., and Licentiate of the Royal College of Physicians; late Physician to the Hospital for Women, etc., etc. First American from the third revised and improved London edition. Philadelphia: Lindsay & Blakiston. 1858. Pp. 398.

The first three hundred and twenty pages of this little book is devoted to practice of medicine proper; the remainder to formula for *certain diseases*.

The terse style and brief attention to each particular disease enable the author to *go over* the most of the diseases usually treated of in a work on the practice of medicine. Dr. Tanner, in his preface, expresses the hope that his little work "may prove useful to many practitioners and students; and especially to those whose occupations prevent them from studying larger and more valuable treatises." We think that students ought not to be satisfied without studying larger and more valuable treatises, and that until they have done so—and then of course they may very properly dispense with this little work—they should neither think of, nor be allowed to practice their profession. We believe, further, that physicians whose practice has grown so large as to be unable to read larger and more valuable treatises will not need, by reason of their having more information and experience than is contained in, "this little work."

We cannot but believe that, for the good of the profession, such books ought to be discouraged. They encourage, in the lazy portion of the profession, a system of indolent routinism, discreditable to themselves and the profession at large, and extremely hazardous to the patients who trust themselves to their care. We do not wish to censure the honest labor of a brother in the profession too severely, but we must beg the privilege of speaking plainly on a matter of so much importance to the cause of correct medical education, as a treatise on the practice of medicine should be.

We have received the TRANSACTIONS OF THE NEW HAMPSHIRE

MEDICAL SOCIETY, the result of the Sixty-Eighth Anniversary meeting, held at Concord, June 1st and 2d, 1858.

As will be seen by the mention of the sixty-eighth anniversary meeting, this venerable society dates back almost to the days of the American Revolution. It is, notwithstanding its age, in vigorous manhood yet, and long may it live to do good to our noble profession. In addition to the minutes, it contains an able **Valedictory Address** from its retiring President, Dr. George B. Twitchell; an excellent **Report of the Committee on Practical Medicine** (the names of the committee are not mentioned); a **Report on Surgery**, consisting of some valuable cases from the pen of Dr. Dixi Crasby, by A. Smalley, M. D., of Lynn; a **Paper on Carbuncle**, by William Leighton, M.D., of Portsmouth; and some smaller productions by others. Dr. Twitchell thus very properly alludes to the prevailing instruments of female torture:

"Our modern fashion of dress, too, particularly with females, is a most frequent cause of disease: to what but the great weight of skirts, which the abdominal walls are obliged to sustain, are to be ascribed that so few of our women are free from uterine diseases? [Criminal abortions—ED.]

"Is it at all strange that there should be prolapsus, antiversion or retroversion in that who moves about with the direct pressure downward upon the contents of the abdomen, of from five to eight pounds of skirts?

"A few years since was gradually destroying herself, and making her life miserable by compressing the chest, and thereby destroying the functions of the lungs by tight lacing; now or quite recently she has been ruining her health and unfitting herself for carrying out the object of her creation by transferring the compression of the chest to the abdomen, thereby destroying the functions of the uterine organs. Right glad am I that instead of six or eight skirts, which heretofore has been necessary to carry out the requirements of fashion in disfiguring the human form, hoops have been introduced, for though they equally disfigure the form, they do away with the necessity of so great weight, and therefore relieve the abdomen. Again, how many of our modern women have unfitted themselves for

performing the duties of mothers by having prevented the due development of the mamma? In early childhood, before nature has thought best to give the contour of womanhood to the human breast, art steps in and by the addition of a few ounces of cotton the work is accomplished, and the girl in appearance becomes a woman! By the constant pressure of this though slight weight, the undeveloped nipple is prevented from duly forming, so that when nature has given a full supply of nourishment for the new-formed being, art has destroyed the means by which this being is to obtain the nourishment, and, as a consequence, the lactiferous ducts, not being relieved of the constantly increasing secretion, become overcharged, and inflammation, suppuration and all its attendant ills are the consequence."

The address is replete with sound sense throughout, and we should be glad to transfer more of it to our pages if space permitted.

AN ESSAY ON THE PATHOLOGY AND THERAPEUTICS OF SCARLET FEVER. By CASPER MORRIS, M.D., Fellow of the College of Physicians of Philadelphia, Member of the American Philosophical Society; late Lecturer on the Practice of Medicine in the Philadelphia Medical Institute, and Clinical Lecturer at the Philadelphia Hospital. Philadelphia: Lindsay & Blackiston. 1858. Pp. 173.

There is appended to this the Practical History of a New Epidemical Eruptive Miliary Fever with an Angina Ulcusculosa, which prevailed in Boston, New England, in the years 1735 and 1736; by William Douglass, M.D.

This treatise of Dr. Morris' is a well written work, gotten up for practical purposes, embodies the results of the experience and reflection of an able member of our profession, and is worthy of all respect. It should be in the hands of every practitioner who wishes to be *au fait* upon scarlet fever. Both of the above works may be had at Keene's book store on Lake street.

The BELMONT MEDICAL JOURNAL, published at Bridgeport, Ohio, has been received and placed on our list of exchanges. It is published under the auspices of the Belmont Medical Society, for the purpose of "diffusing the proceedings of the society still more extensively, by publishing their transactions and the voluntary contributions of the members of the society." Its editors are Drs. John G. Afflick and James M. McConahey. We wish it success.

W. H. B.

EDITORIAL.

TO SUBSCRIBERS.

According to the notice we gave in the July number, this is the last copy of the Journal that will be sent to any subscriber who is indebted for more than the present current volume. We had hoped that three or four months' notice would have induced most of those on the delinquent list to pay up, but many have not done so, and we certainly shall not furnish them with the Journal longer gratuitously. We shall continue, however, to print a large number of extra copies, and any who may send in the amount of their indebtedness after the issue of this number, can have their volumes completed. None need delay sending the amount of their subscriptions through fear of its being lost in the post-office, for we assume all the risk; and in every instance where we are assured that money has been properly mailed, we credit it to the individual, whether it has ever reached us or not. If any who have sent the amount of their subscriptions find their Journal stopped, let them inform us at once, and we will correct the error.

INVERSION OF THE UTERUS.

A case of this kind is reported in the present number of the Journal, which possesses some features of interest. Spontaneous inversion of the uterus, any considerable time after delivery, is a very rare occurrence. Yet if, as Dr. Fisher states, he felt the uterine tumor above the pubes after the placenta was removed, and there were no severe symptoms, such as dangerous flooding, syncope or prostration closely following the expulsion of the child and placenta (or for several weeks afterwards), it is scarcely possible that the inversion took place at the time of delivery. It is proper to state in this connection, that when called to see the patient in consultation with the attending physician, I questioned both the patient and her mother, carefully and minutely, in regard to what transpired at the time of the confinement, and I elicited no facts differing from the

statements given by Dr. Fisher. Relying on the correctness of the history given both by the attending physician and the patient, the most rational mode of explaining the occurrence of the inversion, was, by supposing that the shortness of the umbilical cord produced, at the time the child was expelled, sufficient traction to indent the fundus of the womb at the same time that the placenta was rapidly detached. This simple indentation or partial inversion remained without increase so long as the patient remained steadily in the recumbent posture, and she slowly recovered. But so soon as she began to sit in the chair, and the weight of the abdominal viscera was allowed to bear upon the contents of the pelvis, it tended directly to increase the depression of the fundus; and when she added to an erect position of the body beside her piano the act of singing loud and clear, the downward pressure was sufficient to complete the inversion. This explanation is rendered the more probable, from the fact, that the hemorrhage, which ultimately led to the discovery of the inversion, commenced very soon, if not immediately, after the act of singing. In all ordinary cases it is true that the mouth of the uterus becomes so firmly contracted in a few days that a complete inversion could not easily occur. That such contraction does not always take place, however, is fully proved by well authenticated cases. Thus Ana and Baudeloque relate a case of complete inversion that occurred *twelve* days after confinement, from simply straining at stool. And if it may occur twelve days after delivery, there is no reason why it may not fifteen or twenty days after. At the time of the consultation, the patient was so timid, that it required much persuasion on the part of her husband and mother to obtain her consent to have an ordinary vaginal examination. Chiefly on this account it was not deemed advisable to urge an immediate attempt to replace the uterus, but rather to allow the patient a little time to realize her condition, not doubting but she would thereby acquire more fortitude and be in a better condition, both mentally and physically, to undergo so important an operation. I, however, neither saw or heard anything further of the case until Dr. Fisher furnished the report to which these remarks refer.

CLINIC AT THE MERCY HOSPITAL, MONDAY, OCTOBER 18TH, BY
PROF. N. S. DAVIS.

REPORTED BY E. A. STEELE, A.B.

GENTLEMEN,—This morning I desire to call your attention to the interesting features of the case now before you.

On examining the patient this morning you will find the pulse moderately increased in frequency; the skin dry, and universally of a deep yellow color; the tongue covered with a thin yellowish fur, but not dry; the epigastrium full and tender to pressure, though the effect of pressure is more a feeling of sickness or nausea than of acute tenderness. The same feeling of undue fulness and nausea is felt a little while after taking food or drink. The bowels are inactive, and the patient drowsy. The urine is scanty and of a deep yellowish brown color, from the coloring matter of the bile. The patient tells me he has been laboring under these symptoms during the last eight or ten days, and has taken some cathartic medicine. In one sense, the diagnosis in this case is very easy. The deep yellow hue of the skin, the conjunctiva, and even the secretions, would lead any of you to say he had the *jaundice*. But I wish to impress strongly on your minds the fact, that *jaundice* is not a disease; that the word itself conveys no idea of a definite pathological condition. On the contrary, it, like *dropsy*, is a mere symptom, which may be produced by a variety of pathological conditions.

Obstruction of the biliary ducts by calculous concretions, too great viscosity of the bile itself, atony or want of action in the capillary branches of the biliary ducts in the liver, inflammation and swelling of the lining membrane of the ducts, or of the mucous lining of the duodenum; in a word, everything that is capable of retarding or arresting the free flow of bile from the secreting lobules of the liver into the duodenum, is capable of producing *jaundice*. Hence, in a case like this, a proper diagnosis consists, not in pronouncing the disease to be *jaundice*, which really means nothing more than a saffron color of the cutaneous surface from excess of retained bile, but in determining carefully which of the several pathological conditions capable

of interfering with the proper exit of bile from the liver, actually exists in the patient before us.

You can only distinguish these several pathological conditions by clearly appreciating the symptoms and ascertaining the history of your patient. As long as the biliary calculi remain within the gall bladder, little or no phenomena result from their presence; but when they, in their egress, are passing along the cystic or common duct, you will have a train of phenomena very different from that which characterizes the jaundice, depending upon the inflammation of the duodenum. The patient is suddenly attacked with intense pain in the epigastric and hypochondriac regions; the stomach sympathizes, and we have nausea, cardialgia, and sometimes vomiting. The abdominal muscles are thrown into spasmodic contraction; the extremities become cold; the body bathed in perspiration, and the pulse is often hard and contracted, but seldom accelerated. The pain is more intense than that which attends any form of inflammation, yet the pulse, as a general thing, is but little disturbed either in force or frequency. If the obstruction is not removed, the urine becomes highly colored, and in most cases the patient grows brightly jaundiced. This will not always be the case, since, while the concretion is in the cystic duct, there need be no jaundice; and if, from its angular shape, it only partially obstructs the common duct, it may be only transient, appearing and disappearing with rapidity. But, in some cases, you will find that the efforts of nature to relieve the obstruction will be unavailing; it remains impacted in the duct, and its presence excites inflammation; lymph is thrown out, and the canal is entirely closed. In other cases, these concretions have been found to make their way into the duodenum, by ulceration, and were thus discharged. But that which arises from the impaired condition of the absorbent ducts is more difficult of diagnosis: there is a weight and heaviness in the right side, sometimes enlargement of the liver, but the patient becomes gradually jaundiced, and presents no very positive symptoms. On the contrary, that, which (being satisfied as to the pathology) I have styled the "*hepatico duodenitis*," is easily distinguished from the former. The patient does not have his usual appetite;

in some, a slight tenderness over the epigastrium, with an unpleasant fulness upon taking food. The unpleasant symptoms pass away, and the patient neglects to apply for relief. But in their recurrence, perhaps aggravated by delay, conceives the idea that this fulness and sense of nausea may be effectually relieved by an emetic, or, in order to arouse the torpid condition of the liver, a cathartic is taken. The emetic does not produce the relief anticipated; very little bile is discharged, and only a thin mucus secretion is thrown off the stomach. In more severe cases, you will have all these symptoms aggravated; the epigastrium becomes full and tender on the slightest pressure, and whatever is taken into the stomach is rejected immediately. There is deficient secretion generally; skin dry and hot; pupil of the eye dilated, and you have the usual symptoms that characterize the typhoid condition. No delirium, but patient becomes dull and drowsy from the narcotic effects of the natural coloring matter of the bile, together with the accumulation of urea in the circulation from suspended secretion. Sometimes vomiting will occur of a dark coffee-ground serous fluid, analogous to the black vomit of yellow fever. This will not depend upon the quantity of fluid taken, but the serum of the blood, with degenerated red corpuscles, is effused through the capillaries of the mucous membrane, and changed in its color by the acid of the stomach. If these symptoms continue, the skin assumes a more bronzed hue, pulse grows small, and the patient dies.

I have seen but two fatal cases of this form of disease, and in one of them a post-mortem examination was made. I found the whole surface of the mucous membrane of the duodenum strongly injected with blood; several spots of a dark brown color, and decidedly softened; with general tumefaction or swelling of the membrane. The same marks of inflammation existed in the lining of the hepatic ducts throughout their whole extent; and the liver was moderately enlarged, the bloodvessels of its central portion much engorged, and the texture of the same part so softened as to be easily lacerated with the finger. The other organs of the body gave no important marks of disease.

This examination fully confirmed the opinions I had before entertained, viz: that the cases of acute jaundice which we so frequently meet with, especially during protracted wet weather in the autumn, and sometimes in the spring; and which, like the patient before us, present a sense of fulness, tenderness and nausea in the epigastrium, with slight febrile symptoms and general lassitude,—are simply cases of a low grade of inflammation in the mucous membrane of the duodenum and hepatic ducts. The increased vascularity and consequent tumefaction of the membrane, obstructs more or less the flow of bile through the ducts, causing much of it to be reabsorbed and diffused throughout the tissues, and giving to the whole surface the deep yellow color which is so prominent a feature of the case before us. Being satisfied in reference to the diagnosis and pathology of the case, the next inquiry is in regard to the indications for treatment. These are the same as in any other inflammation of a sub-acute character; namely, to lessen the sensitiveness and vascularity of the inflamed structure, and to promote secretion generally, which has been diminished by the depressing effect of an excess of bile in the blood. In severe cases, leeches to the epigastrium, followed by fomentations and subsequently a blister, will be of much service. But in cases like the one before us, a judicious combination of anodyne and alterative medicine, with an occasional laxative, will speedily restore the patient. Many regarding chiefly the torpid condition of the bowels, the sense of fulness in the epigastrium, and the yellowness of the skin, have commenced the treatment of these cases with an active emetic, followed by mercurial cathartics. But I have never known a case of this kind in which the operation of an emetic was not injurious. The remedies that have generally succeeded best in my hands are the following:

R. Pulv. Doveri,	30	grs.
Pulv. nit. potassa,	30	"
Sub-murias hydarg.,	10	"

Mix; divide into six powders, and give one every four hours until all are taken. In some cases the stomach is so irritable, that the pulv. Doveri will be rejected by vomiting. In such, we may give, as a substitute, from $\frac{1}{2}$ to $\frac{1}{4}$ of a grain of morphine

in each powder. If no evacuation of the bowels should occur, after the exhibition of the remedies in the quantities indicated, I would give a laxative of a mild character; the Seidlitz powder is to be preferred; being both alkaline and saline in its constituents, it will serve to render the bile less viscid, and promote the action of the kidneys. If no special effect should follow from the use of two or three of these powders, I would not persist in their administration, but suspend all internal remedies, and order an enema of salt and water. After the free movement of the bowels in this way, I would return to the powders of nitrás potassa and pulv. Dover's, leaving out the mercury altogether, or reducing the proportion just as the discharges from the alimentary canal and the general condition of the patient might indicate. I have hardly ever found that when the bowels were opened, after a repetition of the medicine the second time, that full and general secretion was not established, and the symptoms of the disease rapidly ameliorated.

This patient, on his admission to the Hospital two days since, was put upon the use of the remedies just indicated, and his bowels have been moved for the first time this morning. Although a decided improvement has taken place, especially in reference to the nausea and distress in the epigastrium, yet the alvine evacuations were light colored, and the skin continues dry and above the natural temperature.

We will, therefore, direct a continuance of the pulv. Doveri and nit. potassa, 5 grs. each, with calomel 1 gr., repeated every four hours until six additional doses have been taken. Then we will cause a movement of the bowels by the same means as before. On some future morning your attention will again be called to the patient, when you will learn the results of the treatment.

Three mornings subsequently, the Doctor again called the attention of the class to this patient, and remarked that after the completion of the treatment directed at the previous interview, two or three free dark green evacuations were procured, showing that the bile flowed freely through the ducts; and at the same time the tenderness, nausea and the febrile symptoms were entirely removed. The skin was moist and the urine

copious, but like the skin highly impregnated with the coloring matter of bile. To keep up a free state of the secretions until the blood should be fully depurated, and at the same time restore a healthy tone to the digestive organs, the following pill had been ordered:

R.	Sulphas ferri,	20	grs.
	Pulv. aloes,	10	"
	Ext. hyoscyamus,	20	"

Mix, and divide into twenty pills. One had been taken before each meal, and 2 grs. of blue mass at bedtime. The patient now feels quite well, and is able to take food without any inconvenience.

The yellow color of the conjunctiva and skin is also much diminished. The Doctor remarked that the blue mass might be omitted after one or two more doses, and only the tonic-laxative pill continued. He also remarked that such patients, when discharged, should be instructed to wear flannel next the skin, to avoid rich and highly seasoned food, and all stimulating drinks, as the best mode of preventing a relapse.

The patient was discharged quite well on the ninth day after admission.

SIXTEENTH ANNUAL COURSE OF LECTURES IN RUSH MEDICAL COLLEGE.

The general introductory to the college session for 1858-9 was delivered by the professor of anatomy, Dr. J. W. Freer, on Monday evening, November 1st, to a larger class of students than has been present at the opening of the session for two or three years past. The lecture was well written, and in sentiment, strictly appropriate for the occasion; but as it will soon be published, we will not attempt to give our readers an outline of it at this time.

The term is now fairly commenced, each professor being at his post; and with two hospitals accessible to the students for regular clinical instruction, we think the facilities for acquiring a knowledge of medicine and surgery equal to that of any other school in our country.

PROFESSIONAL APPOINTMENTS.

The chair of surgery in the National Medical College, at Washington, made vacant by the resignation of Prof. May, has been filled by the appointment of Dr. John G. F. Holston. The chair of chemistry in the Virginia Medical College has been filled by the appointment of Dr. James B. McCaw.

NEW YORK STATE INEBRIATE ASYLUM.

The State of New York enjoys the honor of being the first in our country to appropriate the means for establishing a State institution for the reception and treatment of confirmed *inebriates*. It has been located in the beautiful village of Binghamton, in the southern part of the State, and the corner stone was laid on the 24th of September last. Rev. Dr. Bellows, Dr. John W. Francis, Hon. Edward Everett and Hon. D. S. Dickinson, took part in the exercises.

OMISSION.—At the bottom of page 532, the words "to be continued" ought to have been inserted.

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Colombia,	44	44	44
Conii,	44	44	44
Clinicifuga,	44	44	44
Cubebe, U. S.	44	44	44
Ergotato	44	44	44
Galle,	44	44	44
Gentianae,	44	44	44
Hyoscyami,	44	44	44
Lebeline,	44	44	44
Opi,	44	44	44
Parasra Brava	44	44	44
Piperis Nig.,			
U. S.	44	44	2 ounces
Pruni Virg,	44	44	44 a drachm
Rhei, U. S.,	44	44	44
“ et Sennae,	44	44	44
Sanguinaria	44	44	44
Serpentaria,	44	44	44
Scutellaria,	44	44	44
Sarsparilla,			
U. S.	44	44	44
Senna, U. S.,	44	44	44
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U. S.,	44	44	44
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Taraxac,	44	44	44
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Hydrastin,	Hydrastis Canadensis,	1 25	" Xanthoxylum Frax.		0 62
Hyoscyamin,	Hyoscyamus Niger,	2 50	Con. Comp. Stillingia Alterative,		1 00
Irisin,	Iris Versicolor,	1 00	" Xanthoxylon Pills,		0 60
Jalapin,	Ipomoea Jalapa,	1 00	Con. Tinc. Gelseminum Semp.	6 oz. bot.	1 00
Juglandin,	Juglans Cinerea,	0 75	" Veratrum Viride,	4 oz. bot.	0 75
Leptandrin,	Leptandra Virginica,	0 75	Wine Tinc. Lobelia Infl.	6 oz. bot.	0 50
Lupulin,	Humulus Lupulus,	1 00			
Macrotin,	Macrotylus Racemos,	0 62	Oils.		per oz.
Menispermin,	Menispernum Canad.	1 00	Oil Lobelia,		1 50
Myricin,	Myrica Cerifera,	0 62	" of Capsicum,		0 75
Phytolacrin,	Phytolacea Decandra,	1 00	" Erigeron,		0 50
Podophyllin,	Podophyllum Peltatum,	0 75	" Populus,		0 50
Populin,	Populus Tremuloides,	0 50	" Stillingia,		1 00
Prunin,	Prunus Virginiana,	0 75	" Zanthoxylum,		0 75
Rhusin,	Rhus Glabrum,	1 00	Oleo-Resin of Lobelia,		0 75

Pocket Medicine Cases, filled with Concentrated Medicines.

No. 1. 20 vials, .....	.....	.....	.....	.....	.....
" 2. 24 "	.....	.....	.....	6 00	.....
" 3. 28 "	.....	.....	.....	7 00	.....

An extra charge of ten cents per oz. will be made for medicines put up in half oz. vials.

All the articles manufactured at their Laboratory will bear the stamped label, "Prepared at the Laboratory of B. Keith & Co., New York." They will also be hermetically sealed and stamped "B. Keith & Co., Organic Chemists, N. Y."